

# Work Order ID 159673

Monday, April 17, 2017 1:00:00 PM

**\*159673\***

Page 1

Item ID: 6F9540V00231  
 Revision ID: URF 16-692  
 Item Name: AW169 Lower Cutter Installation Assembly  
 Start Date: 5/2/2017 Start Qty: 1.00  
 Required Date: 5/5/2017 Req'd Qty: 1.00  
 Reference: SCHEDULED/U

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Stop **\*NS2\***

Cust Item ID:

Customer:

Approvals: Process Plan: [Signature] Date: **APR 17 2017**  
 QC: [Signature] Date:            SPC (Y/N):            Date:           

Run Start **\*NR1\***

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr                 |
|----------|------------------------------|
| D169-841 | B Per concession 40000006786 |

100 0.00

**\*100\***  
 DC DOCUMENT CONTROL  
 Memo 0.00  
 Doc.Control -USB or Paperwork Photocopy bluefile per PPP D169-841-015 chg002 and create labels per 6F9540V00231 CHG002

110 Pick Kit 0.00

**\*110\***  
 Packaging Memo 0.00  
 Packaging

120 QC- 100% Inspect kits for completeness 0.00

**\*120\***  
 QC Memo 0.00  
 Quality Control

- \* Arc must be created by QA
- \* Arc must contain concession Number.
- \* All Parts must be identified w/ concession Number.
- \* Fair must be completed

**F.A.I.R. COMPLETION  
 REQUIRED  
 MATERIAL CERTIFICATION  
 REQUIRED**

JUN 02 2017

APR 20 2017

DAS  
28

DAS  
6

DAS  
27  
9-89

**QC APPROVAL**

DAS  
28  
9-89

POSITIVE RECALL  
 EFFECTIVE 17/4/18  
 RELEASED 17/4/18

concession 40000006786

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       |                                                 |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QSI042) Approval |                                                 |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       | Completed By                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       | Lead hand / Supervisor<br>Approval Verification |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       | QC / QA Coordinator<br>Approval                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                 |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                       |                                                 |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                 |

**Work Order ID 159673****\*159673\***

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Monday, April 17, 2017 1:00:00 PM

Item ID: 6F9540V00231 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: URF 16-692 Stop **\*NS2\***  
Item Name: AW169 Lower Cutter Installation Assembly  
Start Date: 5/2/2017 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 5/5/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference: SCHEDULED/U

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            |                                                        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   | Packaging                                              |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP 6F9540V00231 |                      |         |        |              |               |               |                  |                |
|                                |                                                        | <i>sold</i>          |         |        |              |               |               |                  |                |
| 140                            |                                                        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               |               |                  |                |
| QC                             | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                        |                      |         |        |              |               |               |                  |                |

DAS  
27  
9-89

JUN 02 2017

DAS  
21  
9-89

JUN 02 2017



JUN 02 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

# Picklist Print

Monday, April 17, 2017 1:00:00 PM

Page 1

Work Order ID: 159673

**\*159673\***

Parent Item: 6F9540V00231

**\*6F9540V00231\***

Parent Item Name: AW169 Lower Cutter Installation Assembly

Start Date: 5/2/2017

Required Date: 5/5/2017

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 13.11.13 NEW ISSUE DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

D169-841-015

Manufactured

No

Each

0.0000

1

**\*D169-841-015\***

AW169 Lower Cutter

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154674

DAS

APR 20 2017

DAS

27

9-89

DAS  
28  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Completed By                                    |  |
| <div style="position: absolute; top: 10px; left: 10px; color: blue; font-size: 10px;">             100<br/>100<br/>100           </div>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="position: absolute; top: 10px; right: 10px; color: blue; font-size: 10px;">             240<br/>85<br/>85-2           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                 |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                 |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : <input type="checkbox"/> |                       |                                                 |  |



|                                                                                                                                                                                               |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------|--|
|                                                                                                               |                                         | <b>Supplier Concession</b>                                               |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               | <b>PAGE</b><br>1 of 2                                               | <b>PLANT</b><br>Leonardo Helic. - Vergiate |  |
| <b>Supplier NC N.</b>                                                                                                                                                                         | AWC 006/01                              |                                                                          | <b>Date</b>                             | 02.02.2017                    |                                                                                                                                                                                                                                                                                                                                                                               | <b>AW Concession</b>                                                | 400000061786                               |  |
| <b>P/N</b>                                                                                                                                                                                    | 6F9540V00231                            |                                                                          | <b>Grade/Category</b>                   | NC                            |                                                                                                                                                                                                                                                                                                                                                                               | <b>Purchase Order</b>                                               | 4801373666                                 |  |
| <b>Part Description</b>                                                                                                                                                                       | PROTECTR, CCP ASSY LOWER                |                                                                          | <b>Batch Quantity</b>                   | 20,000                        |                                                                                                                                                                                                                                                                                                                                                                               | <b>Defective Quantity</b>                                           | 20,000                                     |  |
| <b>AW NC</b>                                                                                                                                                                                  | GUIDO BRUSCINO                          |                                                                          | <b>A/C Type/Model</b>                   | AW6                           |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Supplier</b>                                                                                                                                                                               | DART AEROSPACE LTD                      |                                                                          | <b>Contract</b>                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Defect FO01 - Wrong dimensions -</b><br>* 02.02.2017 09:40:16 GUIDO BRUSCINO (40067)<br>* see supplier document attached - B/N quantities and PO's listed in the<br><b>Cause of Defect</b> |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Repetitiveness (same P/N - Defect Code)</b> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Follow                                                                     |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>ENGINEERING Evaluation and Proposal</b>                                                                                                                                                    |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Engineering Evaluations, including Specialist inputs:</b>                                                                                                                                  |                                         |                                                                          | <b>Investigation Report n.</b>          |                               |                                                                                                                                                                                                                                                                                                                                                                               | <b>Compliance Report n.</b>                                         |                                            |  |
| * 10.02.2017 18:01:48 MARCELLO STEFANELLI (9273)<br>* The part is acceptable with the action proposed by the supplier applied.                                                                |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Classification of Deviation from Type Design i.a.w. EASA Part 21A.91 : Minore/B</b>                                                                                                        |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Defect effect</b>                                                                                                                                                                          |                                         |                                                                          |                                         | <b>Limitations</b>            |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
|                                                                                                                                                                                               | <b>Before Repair</b>                    |                                                                          | <b>After Repair</b>                     |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Safety                                                                                                                                                                                        | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   | <input type="checkbox"/> YES (to specificity) <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                          |                                                                     |                                            |  |
| Life or Duration                                                                                                                                                                              | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Strenght                                                                                                                                                                                      | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Performances                                                                                                                                                                                  | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Interchangeability                                                                                                                                                                            | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Reliability                                                                                                                                                                                   | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Maintainability                                                                                                                                                                               | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Installability                                                                                                                                                                                | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> YES                                             | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Testability                                                                                                                                                                                   | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| Only Appearance                                                                                                                                                                               | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO   |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| No Effect                                                                                                                                                                                     | <input type="checkbox"/> YES            |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Repair Proposal:</b>                                                                                                                                                                       |                                         |                                                                          |                                         |                               | <b>Decision</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| * 10.02.2017 18:01:48 MARCELLO STEFANELLI (9273)<br>* See attached supplier document.                                                                                                         |                                         |                                                                          |                                         |                               | <input type="checkbox"/> Use rep. with spec.repair(not yet applied)<br><input checked="" type="checkbox"/> Use repaired with known repair(yet applied)<br><input type="checkbox"/> Use As Is<br><input type="checkbox"/> Use repaired for tests only(see Limitations)<br><input type="checkbox"/> Use As Is for tests only(see Limitations)<br><input type="checkbox"/> Scrap |                                                                     |                                            |  |
| <b>Concession Classification</b>                                                                                                                                                              |                                         | <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR |                                         | <b>Re-submit after Repair</b> |                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                            |  |
| <b>Mark part with Concession</b>                                                                                                                                                              |                                         | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES      |                                         | <b>Method :</b>               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>ATE</b>                                                                                                                                                                                    | MARCELLO STEFANELLI                     |                                                                          | <b>CPE</b>                              |                               |                                                                                                                                                                                                                                                                                                                                                                               | <b>Date</b>                                                         | 10.02.2017                                 |  |
| <b>Checks and tests to be performed</b>                                                                                                                                                       |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Repair registration</b> with repair WO <input checked="" type="checkbox"/> <b>Number:</b>                                                                                                  |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Repair Evaluation:</b>                                                                                                                                                                     |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Final Decision</b>                                                                                                                                                                         |                                         |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>S/N</b>                                                                                                                                                                                    | <b>Use As Is (UTI)</b>                  | <b>Use Repaired (R/L)</b>                                                | <b>Scrap (SCA)</b>                      | <b>S/N</b>                    | <b>Use As Is (UTI)</b>                                                                                                                                                                                                                                                                                                                                                        | <b>Use Repaired (R/L)</b>                                           | <b>Scrap (SCA)</b>                         |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                               | <input type="checkbox"/>                | <input type="checkbox"/>                                                 | <input type="checkbox"/>                |                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                            | <input type="checkbox"/>                   |  |
| <b>Not Serialized</b>                                                                                                                                                                         | <b>Use As Is (Q.ty)</b>                 | <b>Use Repaired (Q.ty)</b>                                               | <b>Scrap (Q.ty)</b>                     |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Role</b>                                                                                                                                                                                   | <b>AW ATE</b>                           | <b>AW CPE</b>                                                            | <b>Inspection Clearance Repair</b>      | <b>Quality</b>                | <b>Customer</b>                                                                                                                                                                                                                                                                                                                                                               | <b>MoD or Authority Representative</b>                              |                                            |  |
| <b>Signature</b>                                                                                                                                                                              | MARCELLO STEFANELLI                     |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |
| <b>Date</b>                                                                                                                                                                                   | 10.02.2017                              |                                                                          |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                            |  |



## Supplier Concession

PAGE  
2 of 2

PLANT  
Leonardo Helic. - Vergiate

|                |            |      |            |    |              |                |            |
|----------------|------------|------|------------|----|--------------|----------------|------------|
| Supplier NC N. | AWC 006/01 | Date | 02.02.2017 | AW | 400000061786 | Purchase Order | 4801373666 |
|----------------|------------|------|------------|----|--------------|----------------|------------|

DEFECT 0001

FO01

Wrong dimensions

attachment



|                       |              |                           |                                                                                                                                                                                                                                                                                      |                   |   |                         |                                                                                                |
|-----------------------|--------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|-------------------------|------------------------------------------------------------------------------------------------|
| <b>Manuf. Doc. N.</b> | AWC 006      | <b>Date</b>               |                                                                                                                                                                                                                                                                                      | <b>AW Doc. N.</b> |   | <b>Purchase Order</b>   | 4800671131<br>4800722284<br>4801147764<br>4801186922<br>4801218851<br>4801288960<br>4801373666 |
| <b>AW P/N</b>         | 6F9540V00231 | <b>S/N / Batch Number</b> | B109195 Qty. (1)<br>B133355 Qty. (2)<br>B134314 Qty. (1)<br>B134315 Qty. (1)<br>B134842 Qty. (1)<br>B137492 Qty. (1)<br>B137355 Qty. (2)<br>B137816 Qty. (1)<br>B137818 Qty. (1)<br>B137817 Qty. (1)<br>B140379 Qty. (3)<br>B140381 Qty. (2)<br>B147002 Qty. (2)<br>B150786 Qty. (1) | <b>Grade</b>      | A | <b>AW Drawing Issue</b> | B                                                                                              |

|                     |                   |                  |       |                      |    |
|---------------------|-------------------|------------------|-------|----------------------|----|
| <b>Description</b>  | Lower Cutter Assy | <b>Batch Qty</b> | 20    | <b>Defective Qty</b> | 20 |
| <b>Manufacturer</b> | Dart Aerospace    | <b>Model</b>     | AW169 |                      |    |

**Defect(s) Description**

Leonardo has informed Dart that there are interference issues installing the lower cable cutter D4842-041 onto the Leonardo interface bracket.

| Department | Inspector         | Signature                                                                             | Date       |
|------------|-------------------|---------------------------------------------------------------------------------------|------------|
| Quality    | DAS<br>16<br>9-89 |  | 2017/02/01 |

**Defect(s) Cause**

The Lower Cutter body has a dimension of 10.9 +0.25/-0.00 mm. This dimension was reported as part of the approved FAI and has been met with all delivered product.

| Department | Inspector         | Signature                                                                             | Date       |
|------------|-------------------|---------------------------------------------------------------------------------------|------------|
| Quality    | DAS<br>16<br>9-89 |  | 2017/02/01 |

**Corrective Action**

Complete  
Before

In order to mitigate the interference issue for Leonardo, Dart is proposing to remove sufficient material to make the overall installation dimension at 22.15 mm +0.05/-0.35.

| Department | Inspector         | Signature                                                                             | Date       |
|------------|-------------------|---------------------------------------------------------------------------------------|------------|
| Quality    | DAS<br>16<br>9-89 |  | 2017/02/01 |

**For "MANUFACTURER" SUPPLIERS ONLY**
**ENGINEERING evaluation and proposal**

Engineering evaluation

Investigation report

n.....

Compliance report

n.....

***Dart's position is that this change will not impact the structural substantiation presented in Report DA169-4 for the lower cutter body since this is not a section with the lowest margin. Therefore removing 0.3 mm max from each part will not impact the structural integrity of the lower cutter assembly. The dimension on the cutter body part D4842-3/-4 will be 10.80 +0.00/-0.200.***

***The dimension change of the two lower cutter body parts mating, plus the sealant, anodize and primer layers will be defined as a dimension of 22.15 +0.05/-0.35 mm on the assembled lower cutterbody and will be incorporated into the D4842 drawing for inspection.***

|                                    | Defect effects                          |                                                                          | Limitations                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|-----------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | Before any repair                       | After any repair                                                         |                                                                                                                                                                                                                                                                                                                                                                           |
|                                    | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 | <input type="checkbox"/> yes (specify) <input checked="" type="checkbox"/> no                                                                                                                                                                                                                                                                                             |
| Safety                             | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Life                               | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Strength                           | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Performances                       | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Interchangeability                 | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Reliability                        | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Maintainability                    | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Installability                     | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no      |                                                                                                                                                                                                                                                                                                                                                                           |
| Testability                        | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Only aspect                        | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Repair Proposal</b><br><br>None |                                         |                                                                          | <b>Decision to use</b><br><input type="checkbox"/> Use repaired with specific repair<br><input type="checkbox"/> Use repaired with known repair<br><input type="checkbox"/> Use as is<br><input type="checkbox"/> Use repaired for tests (see Limitations)<br><input type="checkbox"/> Use as is for tests (see Limitations)<br><input checked="" type="checkbox"/> Scrap |
| <b>Concession Classification</b>   |                                         | <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor | <b>Submit after repair</b><br><input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                                                                    |



# Work Order ID 159673

**\*159673\***

Monday, April 17, 2017 1:00:00 PM

|                |                                          |            |                     |               |       |              |
|----------------|------------------------------------------|------------|---------------------|---------------|-------|--------------|
| Item ID:       | 6F9540V00231                             | Accept     | <b>*N900040100*</b> | Setup         | Start | <b>*NS1*</b> |
| Revision ID:   | URF 16-692                               |            |                     |               | Stop  | <b>*NS2*</b> |
| Item Name:     | AW169 Lower Cutter Installation Assembly |            |                     |               |       |              |
| Start Date:    | 5/2/2017                                 | Start Qty: | 1.00                | Cust Item ID: |       |              |
| Required Date: | 5/5/2017                                 | Req'd Qty: | 1.00                | Customer:     |       |              |
| Reference:     | SCHEDULED/U                              |            |                     |               |       |              |
| Approvals:     | Process Plan:                            | Date:      | APR 17 2017         | Tooling:      | Date: |              |
|                | QC:                                      | Date:      |                     | SPC (Y/N):    | Date: |              |
|                |                                          |            |                     |               | Run   | Start        |
|                |                                          |            |                     |               |       | <b>*NR1*</b> |
|                |                                          |            |                     |               | Stop  | <b>*NR2*</b> |

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                                                                                                                    |                      |         |        |              |               |               |                  |                |
| D169-841                       | B                                                                                                                                                      | APR 17 2017          |         |        |              |               |               |                  |                |
| 100                            | DOCUMENT CONTROL                                                                                                                                       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                                                                                                                                                        |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                                                                                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile per PPP D169-841-015 chg002 and create labels per 6F9540V00231 CHIG002                                                              |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                                                                                                               | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                                                                                                                        |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                                                                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                                                                                                                        |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                                                                                                                | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                                                                                                                        |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                                                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                | * All must be created by QA<br>* All must contain concession Number<br>* All parts must be identified w/ concession Number<br>* form must be completed |                      |         |        |              |               |               |                  |                |